

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts File with: C	ity or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10-20-13 Ending Date:	1-20-14
8th day preceding preliminary 8th day preceding election 50 day action 50 day	r-end report dissolution
Candidate Full Name (if applicable)	MANCY A. FEENEY THE Name
Office Sought and District Name of Com	MEW BEDFORD
Residential Address Committee N Residential Address	Mailing Address
Telephone Number (optional): 509 - 994 - 1580 response Number (optional): SUMMARY BALANCE INFORMATION:	
SUMMARY BALANCE INFORMATION	
Line 1: Ending Balance from previous report - 413.3	4
Line 2: Total receipts this period (page 3, line 11) O - 413.34	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14)	
Line 4: Total experientations and period (page 4) Line 5: Ending Balance (line 3 minus line 4) — 413.34	
Line 6: Total in-kind contributions this period (page 6)	413.34
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Webster	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report activity, including all contributions acting under the authority or on behalf of this committee in accordance with the requirements of M.C. Signed under the penalties of perjury: (Treasurer's signated)	Detail 1 52 50 - 111
FOR CANDIDATE FILINGS ONLY: Afficiavit of Candidate: (theck 1 box only) Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G. incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filing separate report Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the required.	differents of M.G.E. 0.33.
Signed under the penalties of perjury:(Candidate's sign	nature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
			Thore is a second of the secon
722			
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	-	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aihitaneteai iizerig i edan ea)	1		
			·	
			1	
		1.		
Line 9: Total Rec	eipts over \$50 (or listed above)			
Line 10: Total Re	ceipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	mittee name and a page number on Address	Purpose of Expenditure	Amount
Ä				
		Line 12: Total Expenditures over	r \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	i i	Line 14: TOTAL EXPENDITU	·- ·- ·	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

ate Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures	over \$50 (or listed above)	
			\$50 and under* (not listed above)	
			PENDITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 5 above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contributio	n Value
				Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$		
fan in kind contri	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

<u> </u>	s incurred during this reporting To Whom Due	Address	Purpose	Amount
ate Incurred	10 Whoth Duc			
	143			
			UTSTANDING LIABILITIE	S(ALI)